

Willow Vale Community Church
1730 Curtner Avenue San Jose, CA. 95124

Date: ___/___/___

Please Print

Youth Name: _____

D.O.B.: ___/___/_____ Grade: _____

Address: _____

City: _____ Zip: _____

Parent(s) Name(s): _____

Home Phone: _____ Mobile _____

Father's Place of Employment: _____

Phone: _____

Mother's Place of Employment: _____

Phone: _____

Another person to be called, if parent cannot be reached:

Relationship: _____

Phone(S): _____

According to California State law, the only treatment that can be administered without written parental consent is to give the injured person oxygen. Please read this carefully, fill it out completely, and sign it at the bottom.

Medical Information:

Insurance carrier: _____

Policy number: _____

Physician to be called: _____

Phone: _____

If physician cannot be called, what action should be taken?

Emergency Hospital: _____

Phone: _____

Please list any allergies, medical problems, and/or restricted activity the staff should be aware of and of any suggestions for action to be taken if these problems arise:

Current Medication: _____

Date of last tetanus shot: ___/___/_____

(I), (We) the undersigned parent(s)/ guardian of _____,
give (my) (our) permission for him/her to participate with Willow Vale Community
Church.

(I), (We) release Willow Vale Community Church and its staff, volunteers,
representatives and leaders from any responsibility and/or liability connected with
transportation, diagnosis, treatment, hospital care and expenses necessary for the
treatment of (My) (Our) child in case of accident, injury or illness while he/she is
anticipating in any activity of the Youth program at Willow Vale Community.

(I), (We) authorize the person presenting this form to call a physician and consent to any
x-rays, examination, anesthetic, medical or surgical diagnosis and/or treatment as well as
hospital care which is deemed advisable.

Parent/Guardian's Signature:

Mother's Signature: _____

Date: ___/___/_____

Father's Signature: _____

Date: ___/___/_____

Student's Signature (if 18 years or older):
